Case:17-03283-LTS Doc#:19622-1 Filed:12/28/21 Entered:12/28/21 14:17:49 Desc Pro se Notices of Participation Page 1 of 4

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Mario M. Coss Martinez
Participant's Address: CC 1A st. 23, Ub. Villas de Casto, Caguas, P.R. 20735
Participant's Email Address: Maria . cm 000/egmail.com
Name of Counsel: No we
Address of Counsel: Nowe
Email Address of Counsel: None
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 13 655 \(\)
Nature of Claim: Salary and Vension
By: Maria M. Cass May
Maria M. Coss Martinez Print Name
Title (if Participant is not an individual)
August 31, 2021 Date
To the Notice

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Case:17-03283-LTS Doc#:19622-1 Filed:12/28/21 Entered:12/28/21 14:17:49 Desc: Pro se Notices of Participation Page 3 of 4

Participant must provide all of the information below in English:

-	contact information, including email addres	s, and that of its co	ounsel,
if any: Participant's Name:	Aurora Santiago Ri	1vera	• · · · · · · · · · · · · · · · · · · ·
Participant's Address:	Urb. Punto Ora 3336, Call	le Capitana to	nce P.R 007
Participant's Email Address	: doris santiago 710 live.	COH	· · · · · · · · · · · · · · · · · · ·
Name of Counsel:		of Section 1	••
Address of Counsel:			
Email Address of Counsel:			
2. Participant's	Claim number and the nature of Participant	's Claim:	
Claim Number:	94075		
Nature of Claim:	Salary Adjustment		
By: Cum Sont	rigo Rieres		
Signature Aurora San Print Name	strage Rivera		
Title (if Participant i	s not an individual)		
J3 de dicie	ubre do 2021		

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Doc#:19622-1 Filed:12/28/21 Pro se Notices of Participation Entered Page 4 Doc#:19622-1 lurara Santiago Rivera 0606-85000 711 3336 Calle La Capitana 00918-170399 Wre Carlos Chardon Ste 150 Clerk's Office San Juan, P.R. 00918-1767